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## **Media Advisory:**

### **King County Airport      King County Sheriff's Office**

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## **Disaster-Readiness Exercise Planned for King County Airport**

King County Airport will be the scene of a readiness training, on Thursday, April 22, 1999, between 8:00 AM and 10:00 AM. The training is to simulate the area's response to a heavy influx of casualties from an 8.5 earthquake in the Portland area.

Thursday's drill is coordinated by the National Disaster Medical System (NDMS). The NDMS is a single system designed to care for large numbers of casualties from either a domestic disaster or a conventional overseas war.

The exercise will start with King County Airport receiving over 100 "patients" (who are on loan from Ft. Lewis). The simulated patients will be triaged at the site, then loaded on busses or ambulances and sent to local hospitals. Harborview Medical Center will function as a disaster control center to distribute patients to other local hospitals based on current bed availability.

The operation has several objectives. Those include testing communication and coordination procedures between NDMS, King County Airport, King County Emergency Management System, Harborview, and local fire and police agencies. Other objectives include testing an incident command system, testing NDMS procedures, and testing the effectiveness of King County Airport facilities as a medical support staging area.

The following agencies will be participating: King County Airport Police, King County Sheriff's Office, Seattle Fire Department; Tukwila Fire Department, Harborview Medical Center, NDMS Madigan, Boeing Company Fire Department, American Medical Response ambulance company, King County EMS, and almost all local area hospitals.

Airport Manager Cynthia Stewart and Officer John Urquhart, KCSO, will be available at the airport beginning at 8:45 AM to answer press questions and facilitate video and still photography of the exercise.

## National Disaster Medical System Scenario for 21-22 April 1999

The following is a notional earthquake scenario for readiness training.

It is Tuesday afternoon 20 April 1999. The Portland/Vancouver area businesses are winding down their activities. At approximately 1545 hours a strong ground shaking is felt throughout Oregon and Washington and in parts of Idaho and California.

The University of Washington issues a statement indicating that a magnitude 8.5 subduction zone earthquake occurred in Southwestern Washington and Northwestern Oregon. The rupture is approximately 200 miles long, stretching from Willapa Bay, Washington to Reedsport, Oregon. Strong ground shaking was felt throughout Oregon and Washington and in parts of Idaho and California. Damaging ground shaking lasted 45 to 70 seconds extending over most of Western Oregon. Numerous major land slides are triggered, bridges and overpasses are damaged. All major highway bridges across the Columbia River in the Portland area are not useable.

In the Portland metropolitan area the quake is rated as a 9 on the Modified Mercalli Scale. Damage is significant. Many of the major roads are impassable due to fallen building debris, automobile accidents and closed overpasses and bridges. Communications, electric and water services are disrupted. A number of buildings throughout the metropolitan area are down with unknown number of individuals trapped in them. There are reports of individuals injured from falling objects, crushing trauma injuries and stepping on glass and other debris.

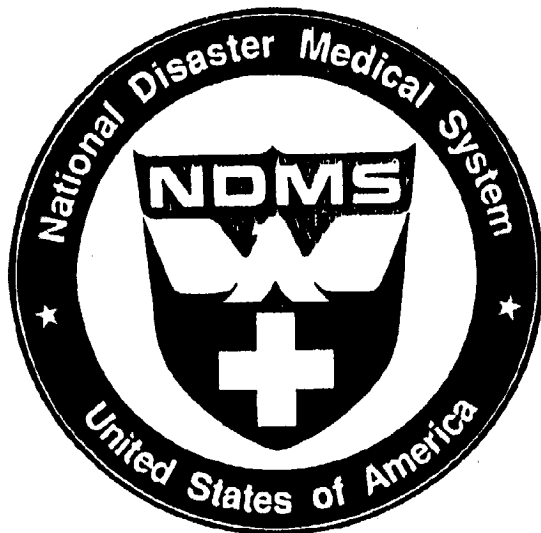
Internal damage to hospitals is significant including, but not limited to, failure of telephone systems, natural gas, electric, and water service. Cracks in walls and structural damage are reported by employees. Response activities have been initiated with the employees that are at the hospital at the time of the earthquake.

### NDMS Activation.

At 1800 hours the Oregon Health Division, after consultation with Oregon Emergency Management Office, contacted the Regional Health Administrator, US Public Health Service requesting the activation of the NDMS. Requests include the provision of additional medical personnel to provide in field medical activities and the evacuation of about 2,000 patients from the Portland metro area. The Regional Health Administrator forwarded the request to the FEMA ROC and Office of Emergency Preparedness, USPHS, Rockville Maryland. From this request the Undersecretary of Health, Department of Health and Human Services requests activation of NDMS including three DMATs, NDMS Reception areas in Seattle, San Francisco, Salt Lake City and Denver. A request is forwarded to DOD DOMS requesting the activation of these reception areas. DOD is further requested to provide medical evacuation for up to 2,000 patients from the Portland area beginning Wednesday 21 April 1999.

Madigan Army Medical Center (MAMC) is notified by US Army Medical Command to prepare for reception of NDMS patients from the Portland Area. MAMC requests a NDMS bed count from area member hospitals, alerts McChord AFB, Boeing Field, Washington State, King, Pierce, Snohomish, Thurston, Kitsap County, Washington State Hosp Assn., and local EMS offices. Patient distribution to local hospitals is based on the NDMS hospital bed availability.

## FACTS ON THE NATIONAL DISASTER MEDICAL SYSTEM



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## Why Is There A National Disaster Medical System?

Because earthquakes, tidal waves, volcanic eruptions, storms, fires, industrial accidents, and many other disasters have struck the United States. While these have not caused the massive casualties of similar incidents in other parts of the world, our nation is still at risk.

The United States has never experienced a great disaster comparable in magnitude to the 1988 Armenian earthquake, the 1984 Bhopal India toxic gas release or the 1985 Mexico City earthquake, but the United States is still susceptible to the kinds of catastrophic accidents that occur elsewhere. For example, the 1857 earthquake (Richter magnitude of 8+) that destroyed Fort Tejon, California, approximately 100 miles northwest of the center of Los Angeles, caused negligible casualties. Because the area has since become densely populated, authorities estimate that a modern recurrence could cause from 3,000 to 14,000 deaths and injuries to 12,000 to 55,000 persons requiring hospital treatment. Such an event in Los Angeles could cause 20,000 deaths and close to 100,000 serious injuries. There is also substantial risk of an earthquake in the Central United States, which could devastate Memphis and St. Louis. No portion of the U.S. is free of risk from a major earthquake.

No single city or State can be fully prepared for such naturally occurring or man-made catastrophic events. Although many cities of the Nation are well provided with health resources, those resources would be overwhelmed by a sudden surge of disaster injuries proportional to the population. The health resources of most States would be similarly overtaxed. A system for dealing with disaster casualties must, therefore, provide for "mutual aid" among all parts of the Nation and must be able to handle large numbers of patients which might result from a catastrophic incident.

In addition, in the event of a conventional overseas war involving American forces, the military medical system could be overwhelmed by casualties returning to the U.S. for hospitalization. To meet the need, military casualties would need to be distributed among the Department of Defense (DoD), Department of Veteran Affairs (DVA), and U.S. non-Federal hospitals for treatment.

The National Disaster Medical System (NDMS) is a single system designed to care for large numbers of casualties from either a domestic disaster or conventional overseas war.

## Facts on the National Disaster Medical System

The NDMS is a cooperative asset-sharing partnership among the Department of Health and Human Services (DHHS), the Department of Defense (DoD), the Department of Veterans Affairs (DVA), the Federal Emergency Management Agency (FEMA), State and local governments, and the private sector. NDMS includes deployable medical response capability to the disaster site or receiving location, a medical evacuation system, a more than 110,000 pre-committed non-federal acute care hospital beds in more than 1,800 hospitals throughout the country. NDMS does not replace State and local disaster planning efforts; rather it is prepared to supplement and assist where State and local medical resources are overwhelmed and Federal assistance is required.

## Background

Rising medical costs have made it impossible for the Department of Defense (DoD) and the Department of Veterans Affairs (DVA) to maintain a system of definitive care for major casualties of an overseas conventional conflict. Thus, in 1961 the DoD established the Civilian-Military Contingency Hospital System (CMCHS), under which non-Federal hospitals voluntarily pre-commit beds to backup the DoD-VA hospital system. Based on this experience, Federal military and civilian planners believed that a system could be developed for medical response to domestic disasters as well as overseas armed conflicts.

In December, 1981, the President established the Emergency Mobilization Preparedness Board (EMPB) and charged it to develop national policy and programs to improve emergency preparedness. Health program development was delegated to the Board's Principal Working Group on Health (PWGH), chaired by the Assistant Secretary for Health, DHHS. Major members of the PWGH included DoD, the Health Care Financing Administration (HCFA), the DVA, and FEMA. The PWGH developed the National Disaster Medical System in response to the President's mandate.

The PWGH has since been replaced by the NDMS Senior Policy Group (SPG). The SPG is chaired by the Assistant Secretary for Health (DHHS), and includes the Assistant Secretary of Defense (Health Affairs), DoD. Other members include the Director of the Federal Emergency Management Agency and the Under Secretary for Health, Department of Veterans Affairs. This inter-agency group determines overall policy and program goals for the NDMS and other aspects of health and medical preparedness.